

CLAIMS ONLY

Application Number _____

Applicant(s)

Filing Date

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3		/				
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49		/				
50		/				
Total Indep	1					
Total Depend	14					
Total Claims	15					

• May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						